PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

16 JUN 20 AM 10: 0⁂

SEC... ... ...
TALLAHASSE... ...ORIDA

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DOCUMENT #L/OOOOO3&88l

1. Limited Liability Company's Name

Miscellaneous Man LLC

2. Principal Office Address - No P.O. Box #
2315 Center Ct
Suite, Apt. #, etc.

City & State
Tallahassee fl
Zip 32308   Country US

3. Mailing Office Address
Same
Suite, Apt #, etc.

City & State
Same
Zip Same   Country

4. State/Country of Formation
US

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number
59-2579 98-1899
☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8.   Name and Address of Current Registered Agent

Name
Russell Findley

Street Address (P.O. Box Number is Not Acceptable)
2315 Center Ct

Suite, Apt #, Etc.

City
Tallahassee   State FL   Zip Code 32308

E-mail Address:

findysintheKen@aol.com

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent _____Kenny Findley_____   Date 6/20/16

REGISTERED AGENT MUST SIGN

10.   Names and Addresses of Each Person Authorized to manage the Limited Liability Company

Titles AMBR/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
Owner	Rusty Findley	2315 Center Ct	Tallassee fl 32308
	REINSTATEMENT 7CH		

11. I certify that I am an authorized person empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of Chapter 605, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Authorized Person _____Kenny Findley_____   Date 6/20/16   Daytime Phone # 850-228-3445

Typed or printed name of signing Authorized Person _____